



## **HIPAA Compliance Patient Consent**

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information. The notice contains a patient's rights section describing your rights under the law.

The terms of the notice may change. If so, you will be notified at your next visit to update your signature/date.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of information for treatment, payment or healthcare operations.

You have the right to review the Notice of Privacy Practices and have been given the opportunity to review the document before signing this consent. You have also been made aware that you have the right to request a written copy of the office's Notice of Privacy Practices and that this office, Audiology and Hearing Aid Center of Gainesville, PLLC, reserves the right to revise its Notice of Privacy Practices at any time.